

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	<i>map</i>		<i>8/19/02</i>
O.I.P.E. CLASSIFIER	<i>OW</i>	<i>22</i>	<i>8/15</i>
FORMALITY REVIEW	<i>Antile</i>	<i>TC 826</i>	<i>09/13/02</i>
RESPONSE FORMALITY REVIEW			

INDEX OF CLAIMS

- | | | | |
|---------------------|------------|---|--------------|
| ✓ | Rejected | N | Non-elected |
| = | Allowed | I | Interference |
| - (Through numeral) | Canceled | A | Appeal |
| + | Restricted | O | Objected |

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BEST AVAILABLE COPY

If more than 150 claims or 10 actions
staple additional sheet here

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